

Dr. John Rathbone Oliver's Pastoral Psychiatry and Mental Health (1932)

In his obituary, TIME Magazine (2/1/1943) confirms that Dr. John Rathbone Oliver (1872-1943) was a "No. 1 psychiatrist". On the hypothesis that Dr. Oliver may have written much of "The Doctor's Opinion" in the Rockefeller-funded Alcoholics Anonymous (1939), we want to see how he might have provided insight, both as a Doctor and as a Priest, on the description of the alcoholic patient. Proof of this connection will be furnished by a similar idiom, rhetoric and expression – hints at whatever professional opinion and bias held by this one doctor. From a medical standpoint, then, the Big Book would not only mirror and elaborate Dr. Oliver's earlier writings – specifically, the Chapter on Alcoholism in his 1931 composition, Pastoral Psychiatry and Mental Health – but also clarify certain preconceptions given to and now firmly accepted by AA's Fellowship.

Under Dr. Esther Loring Richards (1885-1956), Dr. Oliver worked at the Phipps Psychiatric Clinic at Johns Hopkins, one of two psychiatrists at the Dispensary (1915-1940) located at Wolfe and McElderry Streets. Cited in various 'AA history' books, it was Dr. Richards who suggested getting "a Number One physician who has a wide knowledge of the alcoholic's medical and social problems to write an introduction." Logically, why would she not recommend a best-selling Author, also?

For nearly three decades, the Rockefellers at least partly funded Dr. Oliver's salary, first at Phipps Clinic and then at the Institute of the History of Medicine. It is unclear if Oliver was also involved with the "Baltimore Clinic of the Mental Hygiene Society" (affiliated with University of Maryland, another school where he taught 1927-1938), 622 West Lombard St., Baltimore, Md. See S. D. Lamb, Pathologist of the Mind: Adolf Meyer and the Origins of American Psychiatry [2014], p.254:

"During Meyer's tenure, between 1913 and 1941, the Phipps Clinic at Johns Hopkins became an important center for clinical and laboratory research in psychiatry that attracted investigators and trainees from around the world. He thought that psychiatry must have strong ties to other medical departments and to the community it studied and served. He cultivated new ties to sociology, neurology, mental hygiene, social work, psychology, law, pedagogy, and public health on behalf of psychiatry. The activities of those associated with the Phipps Clinic reflected this interdisciplinary philosophy. For example, Phipps psychiatrist John Oliver became medical officer and alienist to the Supreme Bench of Baltimore City. In 1919, he described how Meyer had inspired him to apply psychiatry to work in the community, and he encouraged other psychiatrists "to take up the work of a psychiatric missionary, not necessarily in the criminal courts, but in the schools, in the families of some neighborhood, in the factories and the penitentiaries."

The Rockefellers' financial support for Dr. Oliver's work is undeniable. For example, he delivered a key-note address "The Spiritual Viewpoint in Social Work" for the Rockefeller-funded Federal Council of the Churches of Christ

and other related entities in 1930. We begin to perceive how the importance of Dr. Oliver's 1932 book on Pastoral Care is far more than academic, i.e. in copied phrases, tropes borrowed by AA (1939) and other superficialities. It is rather in the fact that Dr. Oliver worked under Dr. Adolf Meyer (1866-1950), a major and long-term Rockefeller grantee, at America's leading alcohol detox, and at the intersection of medicine and religion, as an Episcopalian priest, with Emmanuelist principles swaying his Anglo-Catholic orientation towards questions of pastoral care. For all this, we rightly want to know more, and the Doctor's opinion is explained in far greater detail in Pastoral Psychiatry and Mental Health (1932). A brief digression on his medical mentor is warranted, here.

Dr. Adolf Meyer (1866-1950) was close to the Rockefeller Foundation and a long-time grant recipient. In 1937, more than one year before the Rockefeller book project, his clinic received \$45,000 for a two-year period (1937-8). For an example of his philosophy, see A. Meyer. "Alcohol as a psychiatric problem" in Dr. Haven Emerson's Alcohol and Man [1932], pp.273-309. Also see Edwin R. Wallace IV, "Adolph Meyer's Psychobiology in Historical Context, and Its Relationship to George Engel's Biopsychosocial Model" in Philosophy, Psychiatry, & Psychology, Vol.14, No.4, December 2007, pp.347-353; p.352: "Meyer claimed to be a follower of William James, although he seemed to have read little more than the chapters on "Habit" and "Will" in The Principles of Psychology [1890]. James followed his MD with rigorous physiological and psychological training and research in Germany. ... {However,} Meyer vulgarized James' complex philosophical concepts of 'Radical Empiricism,' 'Pluralism,' and 'Pragmatism.'"

Harvard University graduate John R. Oliver certainly knew something of Harvard Professor William James, c.1893, yet no evidence indicates that Prof. James had been his teacher. The Yankee doctor's later interest in maladjusted personalities seems more coincidental than direct to any possible Harvard source; the German Swiss Dr. Adolf Meyer is more formative. In other words, Dr. Meyer and Dr. Oliver each approached the writings of Dr. James in distinct ways and for very different reasons.

Now look at Dr. Oliver's verifiable history. He wanted to become a priest (and received a degree from the General Theological Seminary in 1900) almost two decades before training as psychiatrist under the leading US practitioner; as a professor he also authored several books on Psychiatry, mental health, and pastoral care. In fact, he wrote more than a dozen books: he was a REAL writer, with articles and books on Christian healing, and one of his books was short-listed for the Pulitzer Prize in 1928. Rev. Dr. Oliver was exactly the kind of established, best-selling Author and first-rate Doctor the Rockefellers would employ to write a book on Alcoholism. And effectively he was already on their payroll, for decades in fact.

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A few minor points should be clarified. Any claim that John Oliver “studied under Freud” is false. He may have attended a lecture in Wien (he lived in Austria 1904-1915), but he did not receive any psychiatric/psychology degree there. He got his MD at the University of Innsbruck in 1910; furthermore, he has no apparent connection to Dr. Alfred Adler either.

We know Dr. Oliver “stood on the firing line” as a Lieutenant of the Medical Corps in the Imperial Austrian Army, Surgeon in the (Innsbruck) Fourteenth Austrian Army Corps during 1914-15. In real war, he experienced carnage at the Battle of Rawa/Battle of Galicia, on the Dunajec front under General Josef Freiherr Roth von Limanowa-Łapanów. Did Dr. Oliver command three (field) military hospitals? It is possible. The XIV Corp fought at Isonzo, with over 1.2 million casualties and 56,000 Austro-Hungarian dead, while Lt. Oliver served. Then, in August 1915 he had a nervous breakdown (“heart attack”) and was discharged; a 1916 letter supports this.

Not long after, Dr. Oliver became Chief Medical Officer for the Supreme Bench of the Court of Baltimore, treating alkies and addicts at the City Court. In his obituary, TIME Magazine (1943) referred to his typical patients of the 1920s and '30s as “records of human wretchedness.” See AA [1939] p.4: “Let them stand with us a while on the firing line, see the tragedies, the despairing wives, the little children; let the solving of these problems become a part of their daily work, and even of their sleeping moments, and the most cynical will not wonder that we have accepted and encouraged this movement.” That evokes something like PTSD, just what a grizzled war veteran would write. And Dr. Oliver, that veteran, famously hung his Austrian Army sword over the mantle, ever ready for battle.

In the 1920s, Dr. Oliver instituted several important reforms in medical-legal procedure (known as the ‘Baltimore Plan’) which other cities copied. That too was classic Emmanuelism (precursor to AA) at work. Another colleague was Hopkins Prof. Lewellys F. Barker, an Emmanuelist supporter and physician c.1910. Dr. Meyer, Director of the Phipps Clinic (Oliver’s ultimate boss in the Hospital, but more like a German-speaking peer), recommended an alcoholic mutual society in 1932, but he had publicly called for such as far back as 1915 (the same year Emmanuelist Founder Dr. Samuel McComb arrived in Baltimore). Because the Basic Text has dozens of traces to two particular Emmanuelist books (both written in Baltimore c.1914-7), it’s no coincidence that our “Doctor” has also advocated a neo-Emmanuelist movement in AA (1939). Oliver was also an Anglo-Catholic Priest, so his religious note on p.9 “I earnestly advise every alcoholic to read this book through, and though perhaps he came to scoff, he may remain to pray.” It is no great stretch to suggest Dr. Oliver probably sent his own alcoholic-addict patients to Rev. McComb’s healing clinics in 1916-22, in the same Church.

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([1932], p.105: Before I proceed to a description of what are commonly called "toxic **mental states**," such as alcoholism, let me here touch upon a matter that in a sense lies outside the domain of mental disease, but that involves a question which is frequently discussed between physician and pastor: the question as to whether or not the patient shall be told "the truth" [...] {p.107} There is no chapter in practical psychiatry that is more complex, more **puzzling** than the chapter of alcoholism. {mentions *Delirium Tremens*} The pastor is more deeply **interested in** the mental and physical habit of alcoholic indulgence. **Here is a man** who, with your help, has just pulled himself out of the gutter. When he came to you he was just **recovering** from an alcoholic indulgence of two weeks. He was dirty and neglected; had **pawned almost all his clothes**; spent all his money; **lost his position**; and had been separated from his wife. {p.108} Alcohol, then, had cost him a great deal. It had cost him his home, his good name, his physical health, his power of clear thought, his own self-respect. That is a great deal for a man to pay for anything. Now **he "wants to stop"** paying. But he has no money; no job; nothing but a confused mind and a tremulous body, **tortured by the lack of the poison** that has been the cause of all his troubles. He is moving in a **vicious circle**. In order to be able to live and think, he needs the alcohol that is gradually making it impossible for him to think and to live at all. With your help, he pulls himself out of the gutter; his body begins to get rid of the poison; he can eat and sleep once more; he is properly clothed; and you find him work. He becomes reconciled to his wife; he has a home of his own again. You think your job is done; that your patient is cured. But after some six months the wife tells you that her husband is becoming restless, depressed. She knows the symptoms and she does what she can. Perhaps you find time to see your patient occasionally; but, in the moments of his greatest temptation, he cannot get hold of you. Finally, one evening when he is with friends who are having "a few drinks," or during some hour of intense depression and nervous tension, he takes "one drink" too. He is the type of alcoholic to whom "one drink" is poison; to whom "one drink" means a thousand or more. You hear that he has not turned up at work, and has disappeared from his home. A year later you may pick him out of the gutter again.

The remarkable element in such cases lies in the power of the temptation, the overwhelming strength of the motive. Such a man, when he is tempted to take the "one drink," knows perfectly well just what alcohol has cost him in mental and physical suffering, in disgrace and in degradation. Yet, the urge is so strong that, in spite of such knowledge, he chooses to endanger all that he has achieved at an infinite cost to himself and others, chooses to throw it all away and to start again on his Way of Sorrows. Of course, one can hardly

Commentary

Mental States, p.46: "we shall describe some of the **mental states** that precede a relapse into drinking, for obviously this is *the crux of the problem*." p.171: "There was much talk about the **mental state** preceding the first drink"

The "Crux of the Problem" ('the {four-fold} insanity that precedes the First Drink') is a Tetractys of Pain or 'Cross of Mental Suffering' seen in **Restlessness, Irritability, Discontentment and Depression**. The Four Symptom of an Alcoholic Relapse are: 1) Physical Restlessness, 2) Mental Irritability, 3) Emotional Discontentment, and 4) Spiritual Depression. Also note "The Four Horsemen" p.165.

Puzzling, p.31: "**Here is the Fellow** who has been **puzzling** you, especially in his lack of control. He does absurd, incredible, tragic things while drinking."

Interested, pp.1,19,51,89,**102**,107,126,133,162,174,190,314; p.102: "If there is any indication that **he wants to stop**, have a good talk with the person most **interested in** him – usually **his wife**."

Here is a Man, p.44: "**here is a man** who at fifty-five years found he was just where he had left off at thirty"

Pawned Clothing; Gutter, pp.196,284,345; p.284: "**I sold my books, car, and even clothing** in order to buy **a few drinks**. I am certain that my family kept me from gravitating to flophouses and **gutters**."

Recover, p.139: "He is striving to recover fortune and reputation" p.50: "recover from a bad case of jitters" **etc.**

Telling the Truth (~Program of Rigorous Honesty), p.37: "**He begged the doctor to tell him the whole truth**, and he got it. In the doctor's judgement he was utterly hopeless; **he could never regain his position** in society and he would have to place himself under lock and key"

Lost Position, pp.37,123,129,162,330,389: "**I lost my position**"

"Wants to Stop", pp.30,35,44,**102**,122,**123**,**126**,**129**,155,**162**,173,211,279,321,345, p.122: "He is remorseful after serious drinking bouts and tells you **he wants to stop**." p.123: As we say among ourselves, "**He wants to stop**."

Torture, pp.2,16,280,376,377.

Poison, pp.(157),**171**,**195**,197; p.171: "The man in the bed was told of the **acute poisoning from which he suffered**, how it deteriorates the body of an alcoholic and warps his mind. There was much talk about **the mental state preceding the first drink**."

Vicious Circle (~ **Vicious Cycle**) p.195; p.33: "These observations would be academic and pointless **if our friend never took the first drink thereby setting the terrible cycle in motion**."

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Commentary

Gradually Making It Impossible to Live, pp.31,283,354; p.31: "He may have the habit bad enough to gradually impair him physically and mentally." p.283: "Then gradually the hangovers became more persistent and I found myself not only needing a few shots of liquor before I could go to work at all" p.354: "Some such thinking must have been going on in your mind as you have weighed these incredible experiences against your own inability to cope with a problem that is gradually destroying your personality" p.36: "You are in a position where life is becoming impossible"

Restless, p.5: "To them, their alcoholic life seems the only normal one. They are restless, irritable and discontented, unless they can again experience the sense of ease and comfort which comes at once by taking a few drinks – drinks which they see others taking with impunity. After they have succumbed to the desire again..."

Symptoms, pp.7,45,50,51,76,79,103, 120,152; p.76: "Your liquor is but a symptom."

Temptation, pp.69,97,113,114,134,161,223,240,244,261; p.69: "Save for a few brief moments of temptation, the thought of drink has never returned; and at such times a great revulsion has risen up in him" p.114: "Any scheme of combating alcoholism which proposes to shield the sick man from temptation is doomed to failure. If the alcoholic tries to shield himself, he may succeed for a time." **Wrong Motive** Multilith, p.99: "Clear your thinking of wrong motives."

"A Few Drinks", pp.5,156,238,284,295,325.

"One Drink", pp.14,32,195,223,327; p.14: "I saw I could not take so much as one drink." p.32: "If hundreds of experiences have shown him that one drink means another debacle with all its attendant suffering and humiliation, why is it he takes that one drink?" **First Drink**, pp.17,33,34,46,48,49,51,53,55,104,168,171,327,365,389; p.17 "insidious insanity of that first drink"; p.33: "These observations would be academic and pointless if our friend never took the first drink thereby setting the terrible cycle in motion." p.34: "The fact is that most alcoholics, for reasons yet obscure, have lost the power of choice in drink. [...] We are unable at certain times, no matter how well we understand ourselves, to bring into our consciousness with sufficient force the memory of the suffering and humiliation of even a week or a month ago. We are without defense against the first drink." p.48: "the curious mental phenomenon, that parallel with our sound reasoning there inevitably ran some insanely trivial excuse for taking the first drink" p.55: "the alcoholic at certain times has no effective mental defense against the first drink" p.104: "the queer mental condition surrounding that first drink prevents normal functioning of the will power."

Remarkable element = Queer Mental Twist, see Pastoral Psychiatry and Mental Health (1932), pp.28-9. The psychological premise of a "Neurological Condition behind the Mental Habit" probably derives from the teachings of Dr. Adolf Meyer.

Mental and Physical Suffering, pp.48,53; p.48: "that intense mental and physical suffering which drinking always caused him" {Fred's Story: Self-Knowledge Would Not Fix It, p.54: "It meant I would have to throw several lifelong conceptions out of the window."}

The "Way of Sorrows" is the diametrical opposite of AA's "Happy Road of Destiny."

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([1932], p.109: say that he “chooses” with the freedom that a non-alcoholic possesses **when he decides to stay sober** rather than to get drunk. What I want to impress upon you is **the strange, overwhelming power of attraction that “makes” the man choose the alcohol and all the suffering and disgrace that its use involves, rather than a glass of ginger ale,** and with it, home and position and economic security, not to speak of happiness and mental peace. I do not believe that we, as yet, understand the mental **mechanism** of chronic alcoholism. We deal with alcoholics in a sort of hit and miss way that makes our efforts at treatment so often unsuccessful. Some physicians and pastors seem to have had **greater success with their alcoholic cases than I have had** {cites Rev. Samuel McComb's Body Mind and Spirit, pp.225-238}.

Of course, it is not difficult to theorize. One knows that an alcoholic does not drink because he deliberately wants to break his wife's heart, because he deliberately desires to ruin himself, to debase his body and confuse his mind. He does not do all these things because he is a devil incarnate and rejoices in making others unhappy, although **it sometimes seems as if the Devil had more to do with alcoholic cases than we realize.** No, the reason why a man must have alcohol no matter at what cost to himself and to others, is that alcohol gives him **something that he needs, something that he cannot find in anything else.** If you can discover what this mysterious thing is and give it to him or to her in some non-alcoholic way, then you will have **cut away the roots of the overpowering need.**

Sometimes it is easy to discover what it is that a man finds in alcohol.

A great many alcoholics go through life on the entirely false assumption that “every man has a right to be happy,” and by “happiness” they mean a general sense of well-being and of satisfaction with things as they are. When they do not find what they call happiness in their daily lives – when a wife is cross, or children ill, **or a “boss” unjust** – in other words, whenever such men discover that the world is not going the way they want it to go, then they assimilate a certain amount of alcohol and behold, the world is all set right again. Or, if the world still seems a little awry, then **they themselves have acquired a new attitude** toward it which enables them to look down upon it and to despise it from their own alcoholic heights. There are more men than you think who are able to go through the drudgery of a week's work only because they are upheld by the reasonable hope of being able to get more or less drunk on Saturday night.

Commentary

Decides to Stay Sober ~ Made a Decision, pp.7,71,72,76,83,248.

Overwhelming Power of Attraction = Overpowering Need ~ Phenomenon of Craving pp.4,5,6,7,147, 178,188,206; p.6: “they were drinking to **overcome a craving** beyond their mental control.”

Ginger Ale, pp.53,168; p.53: “I had made no fight whatever against **that first drink.** This time I had not thought of the consequences at all. I had commenced to drink as carelessly as though the cocktails were **ginger ale.**” p.168: “why not sit hopefully at a table, a bottle of **ginger ale** before him? Then after all, had he not been sober six months now? Perhaps he could handle, say, three drinks – no more! Fear gripped him. [...] Again it was the old, insidious insanity – **that first drink.**”

Mechanism, p.15: “The mind and body are marvelous **mechanisms**”
Chronic Alcoholism, p.7.

Success with Alcoholic Cases, p.38: “**I have never been successful with an alcoholic** of your description.” p.389: “my wife heard of a doctor in another city who had been very **successful with drunks.**”

Devil as Alcohol, p.20 “If there was a **Devil**, [...] he certainly **had me.**” p.299: “if I ever got released **the old devil alcohol would never get me** in a jam like this again.”
‘King Alcohol’ resides in Tartarus, p.165: “As we became subjects of King Alcohol, shivering denizens of his mad realm, the chilling vapor that is loneliness settled down. It thickened, ever becoming blacker.” {CH1.4, the Primordial Serpent.}

Discover, p.30: “Doubtless you are curious **to discover how and why** ... we have recovered from a hopeless condition of mind and body.”

The Reason the Alcoholic Drinks. Cryptically, a primary topic of AA (1939) is defined as an ancient Egyptian-Canaanite Riddle which had been solved by the 1st C. Jewish *Aletheian Anthropoi*. (A search for AA's ‘God’ will lead to the discovery of a dual-natured Philistine deity, Hauron/Baal-Zeboul.) Alexandrian Therapists, as ‘Sethian’ descendants of the sober Rechabites of Edom/Arabia, became healers by a particular Mosaic process of (Judeo-Egyptian) anagogy and henosis. ‘By coming out of Egypt’ (i.e. the slavery of the Passions), the obvious goal of the Ex-Alcoholic is therefore to become a successful guide and healer of fellow-sufferers. So – in the single instance in AA (1939) where the Christian God is mentioned – the “cardinal teachings of Jesus Christ” (AA 1939 p.295) include a search for and appeal to ‘the Heaven Father’ identified in the Synoptic Gospels (*Mark* 3:22-27, *Matthew* 12:22-37, and *Luke* 11:15). Whereas the full 12 Step cycle represents a Gnostic-Hermetic *Ouroboros*, Horon's connection to Alexandrian *Agathodaimon*, Naasene/Nazorean *Samael* (of Jewish Angelology) and Phoenician *Sourmoubelos* remains debatable.

Roots; Cut-Away, p.21: “His **roots** grasped a new soil”; p.39: “**clear-cut** directions are given showing how an alcoholic may recover.” **Clear Away**, pp.68,136,178.

A Boss is Unjust, p.78: “My **employer** ... **Unjust**”

Acquired a New Attitude pp. 1,3,36,44,51,89,206,354; p.206: “So I **indulged** with my comrades in everything [...]. I cannot say, however, that I **acquired any craving** for hard liquor as a result.” p.84: “You have been trying to **get a new attitude**, a new relationship with your Creator” p.97: “You will see that **your new attitude toward liquor has been given you** without any thought or effort on your part.”

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Commentary

The ‘Sometimes’ Formula. Certain sentence styles may reveal authorship much like a fingerprint or DNA reveals genetic identity. In AA (1939), the ‘Sometimes’ construction may not reveal identity by itself, but the pattern is a marker of sort: a pattern clue that forensic analysis may employ to discern the various authors of the different chapters and/or parts of the Basic Text. If any of these AA sentences are hallmarks of the same author, then logically the adjacent text is presumably also his writing.

Similarly, other and perhaps better Oliverian signifiers should be identified from the Basic Text, likewise. What do his Sentence Structures suggest to us about his contribution to both the medical philosophy and spiritual religion so consciously embedded in Baltimore's Big Book?

Sometimes a small deal would net a few hundred dollars...

Sometimes I stole from my wife's slender purse...

Sometimes these excuses have a certain plausibility...

Sometimes this was a tedious process...

Sometimes we had to search fearlessly, but He was there.

Sometimes they hurt us, seemingly, without provocation...

Sometimes it is remorse and then you are sore at yourself.

Sometimes we think fear ought to be classed with stealing as a sin.

Sometimes there were screaming delirium and insanity.

Sometimes the man you are calling upon admits his own fault

Sometimes we hear an alcoholic say that the only thing he needs to do is to keep sober.

Sometimes a new man is anxious to make a decision ...

Sometimes you will have to call a doctor and administer sedatives under his direction.

Sometimes it is to the best interests of all concerned that a couple remain apart.

Sometimes we sensed dimly that we were dealing with sick men.

Sometimes they were so inaccessible that it seemed as though a great wall had been built around them.

Sometimes he is a source of embarrassment to you and his friends.

Sometimes he drinks on the way home from the hospital.

Sometimes there are cases where alcoholism is complicated by other disorders.

Sometimes it is wise to talk with his employer.

Sometimes he will be so interested that he becomes really neglectful.

Sometimes they demand that dad bring them back instantly!

Sometimes he explodes over a trifle.

Sometimes the alcoholic has an idea that people are trying to pull him down.

Sometimes I would bring it in my pockets, but they were inspected...

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([1932], p.110: Other men have a more logical **reason for their alcoholism**. The man who suffers from recurrent **waves of depression**, who feels that **his mind** is "slowing up" and who has to force himself through each day's work, gets from alcohol a temporary relief. It enables him for a time to speed up his **blocked mind**, to get through his day's work. Others who are obsessed by some persistent mental habit of anxiety, who are inhibited by some **chronic fear**, find in alcohol a **temporary release**. But still more numerous are those men who suffer all their lives long from a sense of physical or mental **inferiority**. They are intensely shy, afraid of other people, obsessed by the idea that they can never compete successfully with other men. This mental habit hinders them in their work. If they are salesmen, they have to force themselves every time they visit a possible client or buyer. To them, alcohol is a godsend – for a while. Two or three "drinks" raise their sense of individuality, give them **self-confidence**, make them feel that "they are as good as anyone else and probably a damn sight better."

Once you have discovered what a man "gets" out of his drinking, your problem appears solved. All you have to do, in the case of the man with a sense of inferiority, is to give him a sense of his individual worth in some non-alcoholic way. In the case of the fearful, over-anxious man, **take away his fears and he will not need alcohol**. If someone suffers from periods of depression, show him how to deal with the depression without {p.111} alcoholic assistance. It sounds so easy, but in reality it is tremendously hard.

If a man is merely an occasional alcoholic, and if the habit or the obsession has not been deeply rooted, you may be able to help him in some such way. But with the periodic alcoholic who disappears for weeks or months, or **the chronic case who is always more or less under the influence of alcohol**, you must do a lot of surface **reconstruction** work before you can get at the **fundamental** sources of weakness. Alcoholism is like all habits: to overcome it, you must create another habit. The alcoholic must have a chance to say "no" so often that he no longer even thinks of saying "yes" – until it has become easier to say "no" than to say "yes"; until the results of saying "yes" seem so unpleasant that the saying "no" is a protection against things that he does not want to have happen. To achieve this takes time.

The only really satisfactory results that I have obtained have come through placing the alcoholic in an **environment** where it was almost physically impossible to get alcohol, or where it was to be obtained only at the cost of such trouble and danger that the danger and the trouble were not worthwhile. The old idea of sending an alcoholic on a trip around The Horn in a sailing vessel, on which the only alcohol available was locked in the captain's cabin, was not such a bad one. Nowadays it is possible to get a man work in certain parts of the United States that are so thoroughly "dry," that it would require unusual

Commentary

Reasons for Drinking, p.53: "They had said that though I did raise a defense, it would one day give way before some trivial **reason** for having a drink. Well, just that did happen and more, for what I had learned of **alcoholism** did not occur to me at all. I knew from that moment that **I had an alcoholic mind**."

Bill's Waves of Depression, p.25: "I was not too well at the time, and was plagued by waves of self-pity and resentment."

Blocked, p.83: "We hope you are convinced now that He can remove the self-will that has **blocked you off** from Him." p.76: "face, and be rid of, the things in yourself which have been **blocking you**."

Alcohol is a Godsend vs. Alcohol is a Subtle Foe.

Inferiority, p.120: "the deepening pall of remorse, depression and **inferiority** that settled down on our loved ones"

Mind of a Chronic Alcoholic, p.37.

Fear (Major Theme).

Chronic Alcoholic is Always More or Less Drunk, p.31: "Here is the Fellow who has been puzzling you, especially in his lack of control. [...] He is seldom mildly intoxicated. He is **always more or less insanely drunk**."

Reconstruction, p.95: "Yes, there is a long period of **reconstruction** ahead."

Fundamentals, pp.67,134.

Overcome, pp.6,25,57,77,84,117,131,214,314,374,389,391; p.57: "If a mere code of morals or a better philosophy of life were sufficient to **overcome alcoholism**, many of us would have recovered long ago."

Environment, pp.7,31,242,380; p.113: "An alcoholic who cannot meet them, still has an alcoholic mind ... His only chance for sobriety would be some place like the Greenland Ice Cap, and even there an Eskimo might turn up with a bottle of scotch and ruin everything! Ask any woman who has sent her husband to distant places on the theory he would escape the alcohol problem."

Sailing Theme (Minor Theme).

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([1932], p.111: determination and involve a great deal of trouble in order to get some very inferior type of liquor. In such an atmosphere **the forming of a new habit** is made comparatively easy. But it is useless to send a man into such surroundings until he has been under **medical supervision** and treatment, **until his body has been cleared of the alcoholic poison** and he no longer can be considered a sick man, whose sickness can be **at once temporarily eased by a little of the stuff** that has poisoned him. {p.112}

Let me warn you, however, about attempting the sudden absolute withdrawal of alcohol from a sick alcoholic patient. Such a thing is highly dangerous. If you have an alcoholic patient who breaks a leg, and if his wife says to you "Now that I have him helpless at home I can take away the whiskey" – do not let her desire to keep her husband sober send him into an attack of delirium tremens and make him suddenly walk out of the window in an acute alcoholic confusion. Let him have a reasonable amount. Reduce it slowly, if you wish, but unless the doctor who is visiting him approves, do not try to pin a white ribbon on the **broken leg. It may lead to a broken neck.**

I fear that I am unable to give you any very great help in dealing with alcoholic cases, except to beg you never to lose patience with them. Sometimes a man has to go down into the gutter six times before he learns to want to stay out of it. For, after you have done everything you can for the alcoholic, after you have made his body sound, and have helped him to begin **the creation of a new set of mental habits**, there is still one important element you have not touched at all, that is, the man's will. He must want to keep away from alcohol; not merely when he is so poisoned with it that he never wants to smell it again, but later on when he feels well, when he is bored by the routine of daily life, or depressed, or when he is faced by some difficult, trying situation. For, like everything else, the will has habits of its own. **If you cannot teach your will to function almost automatically in a certain direction, you will never be quite safe from the danger** of its slumping in the opposite one.

I do not wish to go into detailed discussion of the influence of religion on alcoholic cases. The struggle with alcoholism as it comes before the priest in the confessional, the pastor in conference with his parishioner, or the social worker in an interview, is made up of the same mental stuff as the struggle with habits of dishonesty or of sexual indulgence. No priest

Commentary

Forming the Habit, p.4: "once having **formed the habit** and found they cannot break it, once having lost their **self-confidence** ... their problems pile up on them and become astonishingly difficult to solve."

Put under Medical Supervision, p.3: "we favor **hospitalization** for the alcoholic who is very jittery or befogged. More often than not, **it is imperative that a man's brain be cleared** before he is approached, as he has then a better chance of understanding and accepting what we have to offer."

Sickness Eased by the Poison p.5: "... unless they can again experience the sense of **ease and comfort** which comes at once by taking a few drinks.."

Multilith, at p.157: "Some physicians favor cutting off the liquor sharply, and prefer to use little or no sedative. This may be wise in some instances, but for the most of us it is a barbaric torture. For severe cases, some doctors prefer a slower tapering-down process"

"Walk Out the Window" p.16: "Then came the night when the physical and mental torture was so hellish **I feared I would burst through my window, sash and all**. Somehow I managed to drag my mattress to a lower floor, lest I suddenly **leap**."

Broken Leg May Lead to a Broken Neck: (~The Jaywalker), p.49: "...he **breaks both legs ... breaks his back**"

Creation of a New Set of Mental Habits (Major Theme).

Will Functions Automatically, p.97: "You will react sanely and normally. You will find this has happened automatically. You will see that your new attitude toward liquor has been given you without any thought or effort on your part. [...] You are not fighting it, neither are you avoiding temptation. You feel as though you had been placed in a position of neutrality. You feel safe and protected."

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([1932], p.113: with any experience will attempt to deny the value and the help of the sacraments in such cases as these. The alcoholic who has made a fresh start, but who is suddenly overtaken by a period of intense temptation, can find a new source of strength and of resistance in his communions and his confessions. He has an infinitely greater chance of success in his struggle than the man who, without faith and without supernatural help, is fighting it out alone. When the unbelieving alcoholic falls, he tends to fall far, and despair is always close to him. For the Catholic-minded man who, after a fall, makes his way directly to the Sacrament of Penance and then to his Communion, the fall is never so great, the **recovery** is easier, and there is no place for **hopelessness, for discouragement or despair**. Even in churches where there is no confessional, the pastor should make himself easy of access to his alcoholic cases. Often, a man who has seemed half-drunk has been sent away from a rectory or a church, when he had come to seek human contact with his priest or his pastor in order that he might not get drunk entirely. If you cannot keep in personal touch with such cases, encourage them to write to you; and be sure to answer their letters promptly. Persuade them to send you a few lines, when everything is going well, but especially when they are depressed, tempted or already falling away from their purposes of amendment . It is a hard struggle – and you know nothing of its bitterness. Believe me when I tell you how bitter, bitter hard it is. Be patient, not sentimentally soft, but understanding and just; understanding, because when a man falls you must remember the fifty times that he has successfully resisted. And just; because when he does fall, the force of the old temptation has been so great that even you yourself – had your feet been set in such slippery places – might not always have been able to stand upright.

Recovery, pp.1,**108**,109,112,157,**161**.

Pagan's Hopelessness, Discouragement or Despair,